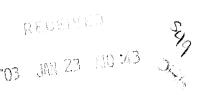


## **HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL.: 587-0460 FAX: 587-0470



A DESCRIPTION OF U.S. MAIL.

## LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)	TAIL
	444
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PART I LOBBYIST						
NAME(Last)	(First) (Middle)			TELEPHONE		
		(		TEELTIONE		
Sword  MAILING ADDRESS (Street)	Max	J.		921-6606		
(-11-14)		(City)	(State)	(Zip Code)		
2375 Kuhio Avenue		Honolulu	Hawaii	96815		
EMPLOYING ORGANIZATION (Fill	in only if you are employed by a bus	siness entity which has been re	etained to lobby	) TELEPHONE		
er en						
MAILING ADDRESS (Street)	W-64	(City)	(State)	(Zip Code)		
PART II ORGANIZATION	1					
NAME OF ORGANIZATION YOU LO			TELEPHONE			
Outrigger Enterprises						
Outrigger Enterprises, MAILING ADDRESS (Street)	inc.	(City)	(State)	<b>921-6606</b> (Zip Code)		
, ,			(513.15)	(2.5 0000)		
2375 Kuhio Avenue		Honolulu	Hawaii	96815		
NAME OF PERSON RESPONSIBLE	E FOR PREPARING ORGANIZATION	N'S EXPENDITURES STATEME	ENT	TELEPHONE		
Max J. Sword				921-6606		
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)		
2375 Kuhio Avenue		Honolulu	Hawaii	96815		
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
Agriculture	★ Education	Human Services	S	science, Technology &		
			E	conomic Development		
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, X Tourism & Recreation International Affairs				
Consumer Protection & Commerce	Hawaiian Affairs	X Labor & Employment	X T	ransportaion		
Culture, Arts, Historic Preservation	Health	Planning, Land & Wat Use Management	er C	Other: (indicate below)		
Ecology, Energy, Environmental Protection	Housing	Public Safety & Corre	ctions			
Livionine nair rotection						
PART IV CERTIFICATION OF LOBBYIST						
		to the best of my knowle	edge, correc	t and complete.		
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.  1/20/03						
				~\		
	ignature of Lobbyist)		(Date	3)		
PART V AUTHORIZATIO	N TO LOBBY					
NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENT						
W. David Carey, III						
NAME OF ORGANIZATION (if appli	cable)			TELEPHONE		
Outrigger Enterprises,	Inc.			921-6606		
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)		
2375 Kuhio Avenue		Honolulu	Hawaii	96815		
I hereby authorize the paboye – named person to engage in lobbying activities on behalf of the undersigned.						
1/20/03						
	orizing Officer or Person Represent	ed)	, (Date	9)		
LREG 01/96	V					